

2007 DMH/DD/SAS Community Support Services Medicaid Audit: Survey and Question Data Presented By Provider

Legend

Compliance:

Event Cnt: total count of events evaluated.

Event Cnt Cpl: total count of events found to be in compliance.

Event Cnt Non-Cpl.: total count of events found to be out of compliance.

Event Cnt N/A: total count of events found to be not applicable.

Compl. Ratio: number of compliant events over sum of compliant and non-compliant events shown as ratio.

Cpl. %: number of compliant events over sum of compliant and non-compliant events shown as percent.

Payback:

Self-Asmt Cnt: count of events which require the provider to do a self-assessment of their records to determine the full payback amount.

DMA Asmt Cnt: count of events which require the Division of Medical Assistance (DMA) to do an assessement of Medicaid paid claims in order to determin the full payback amount.

Event Only Cnt: count of events which require a payback equal to the amount paid for that single event.

DMA Asmt Amt: payback amount resulting from events which require a DMA Assessment type payback (see "DMA Asmt Cnt" above).

Event Only Amt: payback amount resulting from events which require an "Event Only" type of payback (see "Event Only Cnt" above).

Total Recpmt Amt: total payback amount resulting from all events which require a payback type other than Self Assessment.

Questions:

Q: question name / identifier.

Q Text: text of question.

Q Cnt Cpl.: number of events in which the given question was rated as compliant.

Q Cnt Non-Cpl.: number of events in which the given question was rated as non-compliant.

Q Cnt N/A: number of events in which the given question was rated as not applicable.

Q Cnt: number of events in which the given question was assessed.

Q Cpl. %: number of events in which the given question was rated as compliant divided by the number of events in which the given question was rated as compliant or non-compliant.

Q Non-Cpl. %: number of events in which the given question was rated as non-compliant divided by the number of events in which the given question was rated as compliant or non-compliant.

Q N/A %: number of events in which the given question was rated as not applicable divided by the number of events in which the given question was rated as compliant, non-compliant, or not applicable.

Other:

Audit (Yr-Grp): term used to refer to all of the evaluations (tools/surveys) administered to a specified group of providers over a specified time period; usually identified by a year and a group number.

Site: (if applicable) name given to a particular location where audits for providers in a given area were conducted.

Parent Name / Num: (if applicable) name and number of a "parent" or oversight company or organization.

Prov Name / Num: name and number of a provider.

Data

| | | | | | | | | | | | |
|--------------------------|--|-------------------------------------|------------------|---------------------|---------------|---|-----------------|-------------------|---------------------|-------------------|-------------------------|
| Audit (Yr-Grp): | | 2007-001 | | | | | | | | | |
| ---Site: | | Asheville | | | | | | | | | |
| -----Parent Name: | | n/a | | | | | | Num: | | n/a | |
| -----Prov Name: | | ADVANTAGE HOME AND COMMUNITY | | | | | | Num: | | 8301251 | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 3 | 37 | \$14,950.00 | \$8,214.00 | \$23,164.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non-Cpl. | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: | | ADVANTAGE HOME AND COMMUNITY | | | | | | Num: | | 8301253 | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 13 | 27 | 0 | 13/40 | 32.50% | 0 | 14 | 13 | \$55,717.00 | \$4,648.00 | \$60,365.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non-Cpl. | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: | | ALPHA OMEGA HEALTH, INC | | | | | | Num: | | 8300751 | |

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|--|--|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 0 | 9 | \$0.00 | \$3,292.00 | \$3,292.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: CAROLINA HABILITATION SERVICES I | | | | | | Num: 8300501 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 2 | 8 | 0 | 2/10 | 20.00% | 0 | 0 | 8 | \$0.00 | \$3,414.00 | \$3,414.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: CNC ACCESS | | | | | | Num: 8300863 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |

| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 20 | 20 | \$169,697.00 | \$7,163.00 | \$176,860.00 |
|-------|--|------------|------------|-----------|-------|----------|--------------|---------|--------------|------------|--------------|
| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | | | |
| Q01 | Is there a valid service order for the service | 23 | 17 | 0 | 40 | 57.50% | 42.50% | 0.00% | | | |
| Q02 | Is the service plan current with the date of | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% | | | |
| Q03 | Does the service plan identify the type of service | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% | | | |
| Q04 | Is the documentation signed by the person who | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | |
| Q05 | Does the service note reflect purpose of contact, | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% | | | |
| Q06 | Does the service note relate to the individual's | 16 | 24 | 0 | 40 | 40.00% | 60.00% | 0.00% | | | |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% | | | |
| Q08 | Are the service notes and service plan | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% | | | |
| Q09 | Do the units billed match the duration of service? | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | |
| Q10 | Does the documentation reflect treatment for the | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% | | | |
| Q11.a | Was an authorization in place covering this date | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% | | | |
| Q11.b | If "a" is NOT MET, was a request for | 38 | 0 | 2 | 40 | 100.00% | 0.00% | 5.00% | | | |

| -----Prov Name: CNC ACCESS INC | | | | | | Num: 8300060 | | | | | |
|--------------------------------|--|------------|------------|--------------|--------|--|--------------|------------|--------------|------------|------------------|
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 2 | 7 | \$92,583.00 | \$2,637.00 | \$95,220.00 |
| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | | | |
| Q01 | Is there a valid service order for the service | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | | | |
| Q02 | Is the service plan current with the date of | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | | | |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | |
| Q05 | Does the service note reflect purpose of contact, | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | | | |
| Q06 | Does the service note relate to the individual's | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | |
| Q07 | for CS Adult: Does the service note reflect one- | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% | | | |
| Q08 | Are the service notes and service plan | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | |
| Q09 | Do the units billed match the duration of service? | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | | | |
| Q10 | Does the documentation reflect treatment for the | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% | | | |
| Q11.a | Was an authorization in place covering this date | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | | | |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | |

| -----Prov Name: CNC ACCESS INC | | | | | | Num: 8300062 | | | | | |
|--------------------------------|--|------------|------------|--------------|--------|--|--------------|------------|--------------|------------|------------------|
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,581.00 | \$3,581.00 |
| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | | | |
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q08 | Are the service notes and service plan | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

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|-----------------|--|-----------------|-----------|--------------|------------|--|-----------|--------------|--------------|--------------|------------------|
| -----Prov Name: | | CNC Access, Inc | | | | | | Num: 8300786 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 7 | 3 | 0 | 7/10 | 70.00% | 0 | 0 | 3 | \$0.00 | \$1,463.00 | \$1,463.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: COMMUNITY LIFE MANAGEMENT INC | | | | | | Num: 8301042 | | | | | |
|--|--|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 8 | 2 | \$96,987.00 | \$975.00 | \$97,962.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | | | | | |
|-----------------|--|-----------|-----------|--------------------|------------|--------------|-----------|------------|--------------|--------------|------------------|--|--|--|--|
| -----Prov Name: | | | | DAVIDSON HOMES INC | | | | Num: | | | | 8301039 | | | |
| -----Survey ID: | | | | 2007-001 | | | | Name: | | | | Medicaid Services: Audit of Community Support Services | | | |
| Compliance Data | | | | | | Payback Data | | | | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | | | | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | | | | |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 7 | 32 | \$144,353.00 | \$11,079.00 | \$155,432.00 | | | | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | | | | |
| Q01 | Is there a valid service order for the service | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% | | | | |
| Q02 | Is the service plan current with the date of | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% | | | | |
| Q03 | Does the service plan identify the type of service | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% | | | | |
| Q04 | Is the documentation signed by the person who | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | | |
| Q05 | Does the service note reflect purpose of contact, | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% | | | | |
| Q06 | Does the service note relate to the individual's | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% | | | | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% | | | | |
| Q08 | Are the service notes and service plan | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | | |
| Q09 | Do the units billed match the duration of service? | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | | |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% | | | | |
| Q11.a | Was an authorization in place covering this date | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | | |

| Prov Name: EASTER SEALS UCP NORTH CAROLINA | | | | | | Num: 8300914 | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 4 | 6 | 0 | 4/10 | 40.00% | 0 | 0 | 6 | \$0.00 | \$1,433.00 | \$1,433.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|-------|-------|
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Compliance Data | | | | | | Payback Data | | | | | |
|---|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 3 | 7 | \$81,427.00 | \$2,423.00 | \$83,850.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: HOMECARE MANAGEMENT CORPORATION | | | | | | Num: 8300390 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 6 | 4 | 0 | 6/10 | 60.00% | 0 | 3 | 1 | \$51,055.00 | \$91.00 | \$51,146.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| -----Prov Name: LIBERTY CORNER ENTERPRISES INC | | | | | | Num: 8301154 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$4,557.00 | \$4,557.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-------|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q08 | Are the service notes and service plan | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

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|--|-----------|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| -----Prov Name: MOUNTAIN AREA COMMUNITY SVCS INC | | | | | | Num: 8300809 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 3 | 7 | 0 | 3/10 | 30.00% | 0 | 0 | 7 | \$0.00 | \$2,576.00 | \$2,576.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-------|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q08 | Are the service notes and service plan | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

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|-----------------------------|------------------|------------------|------------------|--|---------------|------------------|-----------------|-------------------|---------------------|-------------------|-------------------------|
| -----Prov Name: ONASS PLACE | | | | Num: 8301124 | | | | | | | |
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Compl. Ratio</u> | <u>Cpl. %</u> | <u>Self-Asmt</u> | <u>DMA Asmt</u> | <u>Event Only</u> | <u>DMA Asmt Amt</u> | <u>Event Only</u> | <u>Total Recpmt Amt</u> |
| | <u>Cpl.</u> | <u>Non-Cpl.</u> | <u>N/A</u> | | | <u>Cnt</u> | <u>Cnt</u> | <u>Cnt</u> | | <u>Amt</u> | |
| 10 | 3 | 7 | 0 | 3/10 | 30.00% | 0 | 0 | 7 | \$0.00 | \$3,413.00 | \$3,413.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-----|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q08 | Are the service notes and service plan | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: ONE LOVE PERIODIC SERVICES INC | | | | | | Num: 8301457 | | | | | |
|--|--|--|-----------|--------------|------------|--------------|-----------|------------|--------------|--------------|------------------|
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 2 | 7 | \$64,679.00 | \$1,951.00 | \$66,630.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: PHOENIX SUPPORTED LIVING INC | | | | | | Num: 8300971 | | | | | |
|---|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 23 | 17 | \$24,658.00 | \$5,715.00 | \$30,373.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 18 | 22 | 0 | 40 | 45.00% | 55.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 3 | 37 | 0 | 40 | 7.50% | 92.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 39 | 1 | 40 | 0.00% | 100.00% | 2.50% |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q08 | Are the service notes and service plan | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |

| Prov Name: | | QUALITY MENTAL HEALTH INC | | | | | | Num: 8301246 | | | |
|-----------------|--|---------------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 4 | 6 | 0 | 4/10 | 40.00% | 0 | 0 | 6 | \$0.00 | \$2,088.00 | \$2,088.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 6 | 3 | 10 | 14.29% | 85.71% | 30.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If “a” is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: SKILL CREATIONS, INC. | | | | | Num: 8300359 | | | | | | |
|----------------------------------|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,078.00 | \$3,078.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |

| | | | | | | | | | | | | |
|---|--|-----------|-----------|--------------|------------|--------------|-----------|------------|--------------|--------------|------------------|-------|
| Q11.b | If "a" is NOT MET, was a request for | | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: UNIVERSAL MENTAL HEALTH SVCS INC Num: 8300624 | | | | | | | | | | | | |
| -----Survey ID: 2007-001 Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | |
| 10 | 8 | 2 | 0 | 8/10 | 80.00% | 0 | 0 | 2 | \$0.00 | \$732.00 | \$732.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q08 | Are the service notes and service plan | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| -----Prov Name: UNIVERSAL MH/DD/SAS Num: 8300625 | | | | | | | | | | | | |
| -----Survey ID: 2007-001 Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | |
| 10 | 3 | 7 | 0 | 3/10 | 30.00% | 0 | 0 | 7 | \$0.00 | \$2,576.00 | \$2,576.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q04 | Is the documentation signed by the person who | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% | |
| Q08 | Are the service notes and service plan | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| ---Site: Gastonia | | | | | | | | | | | | |
| -----Parent Name: n/a Num: n/a | | | | | | | | | | | | |
| -----Prov Name: AGAPE SERVICES INC Num: 8301179 | | | | | | | | | | | | |
| -----Survey ID: 2007-001 Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | | | | |

| Compliance Data | | | | | | Payback Data | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 7 | 3 | 0 | 7/10 | 70.00% | 0 | 1 | 2 | \$1,829.00 | \$671.00 | \$2,500.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| -----Prov Name: ALL CARE PROVIDERS INC | | | | | | Num: 8301040 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 10 | 29 | \$24,811.00 | \$7,071.00 | \$31,882.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 38 | 1 | 40 | 2.56% | 97.44% | 2.50% |
| Q08 | Are the service notes and service plan | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 4 | 36 | 0 | 40 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: Compass Adult Care | | | | | | Num: 8300865 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,414.00 | \$3,414.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-------|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 9 | 1 | 10 | 0.00% | 100.00% | 10.00% |
| Q08 | Are the service notes and service plan | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | |
|-----------------|----------------------|-------|--|
| -----Prov Name: | CONTOUR SERVICES INC | Num: | 8301515 |
| -----Survey ID: | 2007-001 | Name: | Medicaid Services: Audit of Community Support Services |

| Compliance Data | | | | | | Payback Data | | | | | |
|-----------------|----------------|--------------------|---------------|--------------|--------|---------------|--------------|----------------|--------------|----------------|------------------|
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 3 | 37 | \$19,111.00 | \$15,453.00 | \$34,564.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-------|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q02 | Is the service plan current with the date of | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 11 | 29 | 0 | 40 | 27.50% | 72.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| | | | |
|-----------------|---------------------------------|-------|--|
| -----Prov Name: | EASTER SEALS UCP NORTH CAROLINA | Num: | 8300507 |
| -----Survey ID: | 2007-001 | Name: | Medicaid Services: Audit of Community Support Services |

| Compliance Data | | | | | | Payback Data | | | | | |
|-----------------|----------------|--------------------|---------------|--------------|--------|---------------|--------------|----------------|--------------|----------------|------------------|
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 4 | 36 | \$75,120.00 | \$10,942.00 | \$86,062.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-----|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q02 | Is the service plan current with the date of | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|--------|--------|-------|
| Q04 | Is the documentation signed by the person who | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 6 | 34 | 0 | 40 | 15.00% | 85.00% | 0.00% |
| Q08 | Are the service notes and service plan | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |

| Prov Name: Excel Tutoring & Personal Develop | | | | | | Num: 8300763 | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 5 | 5 | 0 | 5/10 | 50.00% | 0 | 3 | 2 | \$76,947.00 | \$853.00 | \$77,800.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 1 | 2 | 10 | 87.50% | 12.50% | 20.00% |
| Q08 | Are the service notes and service plan | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |

| Prov Name: FINDING YOUR WAY HOMES INC | | | | | | Num: 8301151 | | | | | |
|---------------------------------------|--|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 2 | 8 | \$8,717.00 | \$3,277.00 | \$11,994.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q08 | Are the service notes and service plan | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: Greater Deliverance World Outreach | | | | | | Num: 8300928 | | | | | |
|---|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 31 | 9 | \$699,695.00 | \$3,444.00 | \$703,139.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 21 | 17 | 2 | 40 | 55.26% | 44.74% | 5.00% |
| Q02 | Is the service plan current with the date of | | | | 25 | 13 | 2 | 40 | 65.79% | 34.21% | 5.00% |
| Q03 | Does the service plan identify the type of service | | | | 27 | 11 | 2 | 40 | 71.05% | 28.95% | 5.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 13 | 27 | 0 | 40 | 32.50% | 67.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 16 | 22 | 2 | 40 | 42.11% | 57.89% | 5.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 18 | 20 | 2 | 40 | 47.37% | 52.63% | 5.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 19 | 19 | 2 | 40 | 50.00% | 50.00% | 5.00% |

| Prov Name: HILLTOP COMPREHENSIVE CARE INC | | | | | | Num: 8300670 | | | | | |
|---|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 0 | 9 | \$0.00 | \$3,901.00 | \$3,901.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | | |
|-----------------|--|--------------------------------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|-------|
| Q11.b | If "a" is NOT MET, was a request for | | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: | | HYPTS INC | | | | | | | Num: 8300215 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 10 | 0 | \$73,457.00 | \$0.00 | \$73,457.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% | |
| Q02 | Is the service plan current with the date of | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% | |
| Q03 | Does the service plan identify the type of service | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% | |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% | |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% | |
| -----Prov Name: | | KINGSPONTE ACADEMY LLC | | | | | | | Num: 8300864 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 7 | 3 | \$56,388.00 | \$1,341.00 | \$57,729.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% | |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% | |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| -----Prov Name: | | NATIONAL MENTOR HEALTHCARE LLC | | | | | | | Num: 8300306 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$2,926.00 | \$2,926.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: RAINBOW ENHANCED ACADEMIC DEVELO | | | | | | Num: 8301191 | | | | | |
|---|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 6 | 4 | 0 | 6/10 | 60.00% | 0 | 2 | 2 | \$26,731.00 | \$975.00 | \$27,706.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |

| | | | | | | | | | | | |
|--|------------------|--|------------------|---------------------|---------------|------------------|-----------------|-------------------|---------------------|-------------------|-------------------------|
| -----Prov Name: RHA HEALTH SERVICES, INC | | | | | | Num: 8300682 | | | | | |
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Compl. Ratio</u> | <u>Cpl. %</u> | <u>Self-Asmt</u> | <u>DMA Asmt</u> | <u>Event Only</u> | <u>DMA Asmt Amt</u> | <u>Event Only</u> | <u>Total Recpmt Amt</u> |
| | <u>Cpl.</u> | <u>Non-Cpl.</u> | <u>N/A</u> | | | <u>Cnt</u> | <u>Cnt</u> | <u>Cnt</u> | | <u>Amt</u> | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 2 | 8 | \$25,954.00 | \$2,911.00 | \$28,865.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q01 | Is there a valid service order for the service | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q08 | Are the service notes and service plan | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: S & C Youth Services | | | | Num: 8300694 | | | | | | | |
|---------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 15 | 25 | \$427,969.00 | \$9,266.00 | \$437,235.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 30 | 9 | 1 | 40 | 76.92% | 23.08% | 2.50% |
| Q02 | Is the service plan current with the date of | | | | 31 | 8 | 1 | 40 | 79.49% | 20.51% | 2.50% |
| Q03 | Does the service plan identify the type of service | | | | 33 | 6 | 1 | 40 | 84.62% | 15.38% | 2.50% |
| Q04 | Is the documentation signed by the person who | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 25 | 14 | 1 | 40 | 64.10% | 35.90% | 2.50% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 15 | 25 | 0 | 40 | 37.50% | 62.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 26 | 13 | 1 | 40 | 66.67% | 33.33% | 2.50% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 31 | 8 | 1 | 40 | 79.49% | 20.51% | 2.50% |

| | | | | | | | | | | | | | | | |
|-----------------|--|-----------|-----------|----------------------|------------|--------------|-----------|------------|----------|--------------|------------------|--|--|--|--|
| -----Prov Name: | | | | Skill Creations, Inc | | | | Num: | | | | 8300352 | | | |
| -----Survey ID: | | | | 2007-001 | | | | Name: | | | | Medicaid Services: Audit of Community Support Services | | | |
| Compliance Data | | | | | | Payback Data | | | | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt | Event Only | Total Recpmt Amt | | | | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | Amt | Amt | | | | | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,399.00 | \$3,399.00 | | | | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | | | | |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | | |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | | |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | | |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | | |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q05 | Does the service note reflect purpose of contact, | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: SPECIAL K ENRICHMENT | | | | | Num: 8300898 | | | | | | |
|---------------------------------|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 8 | 32 | 0 | 8/40 | 20.00% | 0 | 17 | 15 | \$107,869.00 | \$4,359.00 | \$112,228.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 12 | 27 | 1 | 40 | 30.77% | 69.23% | 2.50% |
| Q08 | Are the service notes and service plan | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 12 | 28 | 0 | 40 | 30.00% | 70.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |

| Prov Name: STEPS DEVELOPMENTAL ACADEMY INC | | | | | | Num: 8301170 | | | | | |
|--|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 6 | 4 | 0 | 6/10 | 60.00% | 0 | 0 | 4 | \$0.00 | \$1,707.00 | \$1,707.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: SUPERIOR HEALTHCARE SERVICES INC | | | | | Num: 8300692 | | | | | | |
|---|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 1 | 9 | \$33,604.00 | \$3,719.00 | \$37,323.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: TOTAL MIRACLE KIDS INC | | | | | | Num: 8300955 | | | | | |
|-----------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 28 | 12 | \$89,849.00 | \$4,481.00 | \$94,330.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 15 | 25 | 0 | 40 | 37.50% | 62.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 15 | 25 | 0 | 40 | 37.50% | 62.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 15 | 25 | 0 | 40 | 37.50% | 62.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 15 | 25 | 0 | 40 | 37.50% | 62.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 4 | 36 | 0 | 40 | 10.00% | 90.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 3 | 37 | 0 | 40 | 7.50% | 92.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |

| | | | | | | | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Prov Name: United Treatment Facility | | | | | | Num: 8300818 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$4,267.00 | \$4,267.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If “a” is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: VISION HEALTHCARE PROVIDER SERVI | | | | | | Num: 8301550 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 3 | 37 | 0 | 3/40 | 7.50% | 0 | 22 | 15 | \$64,863.00 | \$5,425.00 | \$70,288.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 18 | 22 | 0 | 40 | 45.00% | 55.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 18 | 22 | 0 | 40 | 45.00% | 55.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 11 | 29 | 0 | 40 | 27.50% | 72.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 12 | 28 | 0 | 40 | 30.00% | 70.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 5 | 35 | 0 | 40 | 12.50% | 87.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q11.b | If “a” is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: VISIONS OF CARE LLC | | | | | | Num: 8300220 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 23 | 17 | \$337,186.00 | \$7,285.00 | \$344,471.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 8 | 32 | 0 | 40 | 20.00% | 80.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 21 | 19 | 0 | 40 | 52.50% | 47.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 23 | 17 | 0 | 40 | 57.50% | 42.50% | 0.00% |

| Prov Name: WOTP PROGRAMS INC | | | | | | Num: 8301429 | | | | | |
|------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 29 | 10 | \$71,460.00 | \$2,539.00 | \$73,999.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 11 | 29 | 0 | 40 | 27.50% | 72.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 14 | 23 | 3 | 40 | 37.84% | 62.16% | 7.50% |
| Q08 | Are the service notes and service plan | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 8 | 32 | 0 | 40 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 35 | 4 | 1 | 40 | 89.74% | 10.26% | 2.50% |

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|--|-----------|--|-----------|--------------|--------|--------------|----------|------------|--------------|------------|------------------|
| ---Site: Goldsboro | | | | | | | | | | | |
| -----Parent Name: n/a | | | | | | Num: n/a | | | | | |
| -----Prov Name: A BEACON OF HOPE HABILITATIVE SV | | | | | | Num: 8300808 | | | | | |
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 3 | 7 | 0 | 3/10 | 30.00% | 0 | 0 | 7 | \$0.00 | \$2,926.00 | \$2,926.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-------|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q08 | Are the service notes and service plan | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | |
|--|------------------|--|------------------|---------------------|---------------|------------------|-----------------|-------------------|---------------------|-------------------|-------------------------|
| -----Prov Name: Alpha Omega Health Inc | | | | | | Num: 8300687 | | | | | |
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Compl. Ratio</u> | <u>Cpl. %</u> | <u>Self-Asmt</u> | <u>DMA Asmt</u> | <u>Event Only</u> | <u>DMA Asmt Amt</u> | <u>Event Only</u> | <u>Total Recpmt Amt</u> |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 3 | 7 | 0 | 3/10 | 30.00% | 0 | 5 | 2 | \$129,899.00 | \$549.00 | \$130,448.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-------|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q08 | Are the service notes and service plan | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | |
|---|------------------|------------------|------------------|--|---------------|------------------|-----------------|-------------------|---------------------|-------------------|-------------------------|
| -----Prov Name: AMERICAN HEALTH & HUMAN SVS | | | | | | Num: 8300772 | | | | | |
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Compl. Ratio</u> | <u>Cpl. %</u> | <u>Self-Asmt</u> | <u>DMA Asmt</u> | <u>Event Only</u> | <u>DMA Asmt Amt</u> | <u>Event Only</u> | <u>Total Recpmt Amt</u> |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 8 | 31 | \$259,815.00 | \$11,270.00 | \$271,085.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-----|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q02 | Is the service plan current with the date of | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|--------|--------|-------|
| Q04 | Is the documentation signed by the person who | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q08 | Are the service notes and service plan | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 15 | 25 | 0 | 40 | 37.50% | 62.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 6 | 34 | 0 | 40 | 15.00% | 85.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |

| Prov Name: CAROLINA HABILITATION SVCS INC | | | | | | Num: 8301077 | | | | | |
|---|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 2 | 8 | 0 | 2/10 | 20.00% | 0 | 7 | 1 | \$162,504.00 | \$274.00 | \$162,778.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |

| -----Prov Name: Cedar Grove Group Homes Inc | | | | | | Num: 8300945 | | | | | |
|---|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 6 | 4 | \$260,907.00 | \$1,951.00 | \$262,858.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q08 | Are the service notes and service plan | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: COASTAL BEHAVIORAL HEALTHCARE | | | | | Num: 8300906 | | | | | | |
|--|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 2 | 8 | 0 | 2/10 | 20.00% | 0 | 6 | 2 | \$88,892.00 | \$792.00 | \$89,684.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |

| Prov Name: COUNTRY PINES INC | | | | | | Num: 8301207 | | | | | |
|------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 8 | 31 | \$78,562.00 | \$7,529.00 | \$86,091.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 38 | 1 | 1 | 40 | 97.44% | 2.56% | 2.50% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 30 | 0 | 40 | 25.00% | 75.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 21 | 19 | 0 | 40 | 52.50% | 47.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 4 | 26 | 10 | 40 | 13.33% | 86.67% | 25.00% |
| Q08 | Are the service notes and service plan | | | | 6 | 34 | 0 | 40 | 15.00% | 85.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 18 | 22 | 0 | 40 | 45.00% | 55.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | | |
|-----------------|--|----------------------------------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|-------|
| Q11.b | If "a" is NOT MET, was a request for | | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: | | DREAM PROVIDER CARE SERVICES INC | | | | | | | Num: 8301273 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | |
| 10 | 7 | 3 | 0 | 7/10 | 70.00% | 0 | 0 | 3 | \$0.00 | \$1,036.00 | \$1,036.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q08 | Are the service notes and service plan | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| -----Prov Name: | | EASTER SEALS UCP NC INC | | | | | | | Num: 8301006 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | |
| 10 | 6 | 4 | 0 | 6/10 | 60.00% | 0 | 2 | 2 | \$15,484.00 | \$610.00 | \$16,094.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q03 | Does the service plan identify the type of service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q08 | Are the service notes and service plan | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| -----Prov Name: | | EDWAR GROUP LLC | | | | | | | Num: 8301473 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 0 | 40 | \$0.00 | \$13,960.00 | \$13,960.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| Prov Name: EDWARDS COMMUNITY SUPPORT SVCS | | | | | | Num: 8300899 | | | | | |
|---|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 8 | 32 | 0 | 8/40 | 20.00% | 0 | 28 | 4 | \$66,324.00 | \$1,951.00 | \$68,275.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 23 | 17 | 0 | 40 | 57.50% | 42.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |

| | | | | | | | | | | | |
|---------------------------------|-----------|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| -----Prov Name: EMBRACE US, INC | | | | | | Num: 8301257 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 6 | 4 | \$65,258.00 | \$1,280.00 | \$66,538.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|---|---|---|----|--------|--------|-------|
| Q01 | Is there a valid service order for the service | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q08 | Are the service notes and service plan | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |

| Prov Name: GRAHAM NEW HORIZONS INC | | | | | Num: 8301478 | | | | | | |
|------------------------------------|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 10 | 0 | \$56,912.00 | \$0.00 | \$56,912.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |

| Prov Name: GRAHAM NEW HORIZONS INC | | | | | | Num: 8301479 | | | | | |
|------------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 8 | 2 | \$153,106.00 | \$853.00 | \$153,959.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |

| | | | | | | | | |
|-------|--|---|----|---|----|--------|---------|-------|
| Q05 | Does the service note reflect purpose of contact, | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |

| Prov Name: GRAHAM NEW HORIZONS INC | | | | | Num: 8301480 | | | | | | |
|------------------------------------|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 10 | 0 | \$218,298.00 | \$0.00 | \$218,298.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |

| Prov Name: HARBOR HOUSE OF GOLDSBORO | | | | | | Num: 8301266 | | | | | |
|--------------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 6 | 34 | \$170,252.00 | \$15,972.00 | \$186,224.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|--------|--------|-------|
| Q09 | Do the units billed match the duration of service? | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 8 | 32 | 0 | 40 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |

| Prov Name: Hawthorne Services Inc | | | | Num: 8301062 | | | | | | | |
|-----------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 5 | 4 | \$119,878.00 | \$1,829.00 | \$121,707.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 5 | 0 | 5 | 10 | 100.00% | 0.00% | 50.00% |
| Q06 | Does the service note relate to the individual's | | | | 5 | 1 | 4 | 10 | 83.33% | 16.67% | 40.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: LIFE INC | | | | | | Num: 8300797 | | | | | |
|---------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 0 | 9 | \$0.00 | \$3,810.00 | \$3,810.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Prov Name: LUCILLES BEHAVIORAL INC | | | | | | Num: 8300985 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 5 | 5 | 0 | 5/10 | 50.00% | 0 | 2 | 3 | \$10,851.00 | \$1,219.00 | \$12,070.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| -----Prov Name: MANUELS SUPPORTIVE LIVING SERVIC | | | | | | Num: 8301259 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 2 | 8 | \$15,118.00 | \$2,621.00 | \$17,739.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: MARTIN COUNTY RESIDENTIAL SERVIC | | | | | | Num: 8301554 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 0 | 9 | \$0.00 | \$2,926.00 | \$2,926.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: MARYS LOVING ARMS | | | | Num: 8301294 | | | | | | | |
|-----------------------------------|--|-----------------------|------------------|--|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 17 | 23 | \$127,599.00 | \$9,979.00 | \$137,578.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 23 | 17 | 0 | 40 | 57.50% | 42.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 8 | 32 | 0 | 40 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: MAY FRANCES PARTNERSHIP IN CARIN | | | | Num: 8300823 | | | | | | | |
|--|-------------------|-----------------------|------------------|--|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 0 | 9 | \$0.00 | \$3,120.00 | \$3,120.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q08 | Are the service notes and service plan | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: MCIVER HOME | | | | Num: 8301087 | | | | | | | |
|-----------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 4 | 6 | 0 | 4/10 | 40.00% | 0 | 1 | 5 | \$16,276.00 | \$1,768.00 | \$18,044.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |

| Prov Name: METROPOLITAN COUNSELING SERVICES | | | | | | Num: 8301365 | | | | | |
|---|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 4 | 6 | 0 | 4/10 | 40.00% | 0 | 2 | 4 | \$33,101.00 | \$1,280.00 | \$34,381.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 7 | 2 | 1 | 10 | 77.78% | 22.22% | 10.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |
| Q03 | Does the service plan identify the type of service | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|--------|
| Q05 | Does the service note reflect purpose of contact, | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 8 | 1 | 1 | 10 | 88.89% | 11.11% | 10.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q08 | Are the service notes and service plan | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 8 | 1 | 1 | 10 | 88.89% | 11.11% | 10.00% |
| Q11.b | If "a" is NOT MET, was a request for | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |

| Prov Name: NOVA BEHAVIORAL HEALTHCARE CORP | | | | | | Num: 8300758 | | | | | |
|--|--|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 6 | 4 | 0 | 6/10 | 60.00% | 0 | 4 | 0 | \$104,424.00 | \$0.00 | \$104,424.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | |
|---|--|--|-----------|--------------|------------|--------------|-----------|------------|--------------|--------------|------------------|
| Prov Name: PARADIGM FACILITY FOR ADULTS INC | | | | | | Num: 8301107 | | | | | |
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 3 | 6 | \$128,199.00 | \$1,646.00 | \$129,845.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |

| | | | | | | | | |
|-------|--|---|---|---|----|--------|--------|-------|
| Q09 | Do the units billed match the duration of service? | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |

| Prov Name: PRIDE IN NORTH CAROLINA INC | | | | | Num: 8300245 | | | | | | |
|--|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 6 | 4 | 0 | 6/10 | 60.00% | 0 | 0 | 4 | \$0.00 | \$1,280.00 | \$1,280.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: PRIDE IN NORTH CAROLINA INC | | | | | | Num: 8300247 | | | | | |
|--|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 4 | 6 | 0 | 4/10 | 40.00% | 0 | 5 | 1 | \$263,134.00 | \$320.00 | \$263,454.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | |
|---|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Prov Name: QUALITY CONCEPT INC | | | | | | Num: 8301143 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 39 | 1 | \$504,462.00 | \$488.00 | \$504,950.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 6 | 34 | 0 | 40 | 15.00% | 85.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 30 | 0 | 40 | 25.00% | 75.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 23 | 17 | 0 | 40 | 57.50% | 42.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 6 | 34 | 0 | 40 | 15.00% | 85.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 19 | 21 | 0 | 40 | 47.50% | 52.50% | 0.00% |
| Q11.b | If “a” is NOT MET, was a request for | | | | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% |
| -----Prov Name: ROOTED AND GROUNDED INC | | | | | | Num: 8301311 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 12 | 28 | 0 | 12/40 | 30.00% | 0 | 19 | 9 | \$91,032.00 | \$3,109.00 | \$94,141.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 28 | 9 | 3 | 40 | 75.68% | 24.32% | 7.50% |
| Q02 | Is the service plan current with the date of | | | | 20 | 17 | 3 | 40 | 54.05% | 45.95% | 7.50% |
| Q03 | Does the service plan identify the type of service | | | | 21 | 16 | 3 | 40 | 56.76% | 43.24% | 7.50% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 17 | 21 | 2 | 40 | 44.74% | 55.26% | 5.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 16 | 24 | 0 | 40 | 40.00% | 60.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 16 | 24 | 0 | 40 | 40.00% | 60.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 38 | 0 | 2 | 40 | 100.00% | 0.00% | 5.00% |
| Q11.b | If “a” is NOT MET, was a request for | | | | 38 | 0 | 2 | 40 | 100.00% | 0.00% | 5.00% |
| -----Prov Name: SKILL CREATIONS INC | | | | | | Num: 8300585 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 10 | 3 | 7 | 0 | 3/10 | 30.00% | 0 | 0 | 7 | \$0.00 | \$2,438.00 | \$2,438.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: SPECTRUM OF MARTIN COUNTY LTD | | | | | | Num: 8301123 | | | | | |
|---|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 33 | 6 | \$60,023.00 | \$2,377.00 | \$62,400.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 37 | 1 | 2 | 40 | 97.37% | 2.63% | 5.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 31 | 2 | 40 | 18.42% | 81.58% | 5.00% |
| Q03 | Does the service plan identify the type of service | | | | 7 | 31 | 2 | 40 | 18.42% | 81.58% | 5.00% |
| Q04 | Is the documentation signed by the person who | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 1 | 38 | 1 | 40 | 2.56% | 97.44% | 2.50% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 10 | 30 | 0 | 40 | 25.00% | 75.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 36 | 3 | 1 | 40 | 92.31% | 7.69% | 2.50% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 36 | 3 | 1 | 40 | 92.31% | 7.69% | 2.50% |

| | | | | | | | | | | | |
|--|-----------|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| -----Prov Name: SPIRIT OF EXCELLENCE COMMUNITY O | | | | | | Num: 8301352 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 6 | 4 | 0 | 6/10 | 60.00% | 0 | 2 | 2 | \$23,643.00 | \$549.00 | \$24,192.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q01 | Is there a valid service order for the service | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q08 | Are the service notes and service plan | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |

| Prov Name: UPRISING HOMES INC | | | | | | Num: 8301114 | | | | | |
|-------------------------------|--|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 4 | 36 | 0 | 4/40 | 10.00% | 0 | 18 | 18 | \$204,277.00 | \$5,608.00 | \$209,885.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 30 | 8 | 2 | 40 | 78.95% | 21.05% | 5.00% |
| Q02 | Is the service plan current with the date of | | | | 27 | 11 | 2 | 40 | 71.05% | 28.95% | 5.00% |
| Q03 | Does the service plan identify the type of service | | | | 30 | 8 | 2 | 40 | 78.95% | 21.05% | 5.00% |
| Q04 | Is the documentation signed by the person who | | | | 23 | 17 | 0 | 40 | 57.50% | 42.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 23 | 17 | 0 | 40 | 57.50% | 42.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 11 | 29 | 0 | 40 | 27.50% | 72.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 17 | 23 | 0 | 40 | 42.50% | 57.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 14 | 26 | 0 | 40 | 35.00% | 65.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 26 | 12 | 2 | 40 | 68.42% | 31.58% | 5.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 26 | 12 | 2 | 40 | 68.42% | 31.58% | 5.00% |

| Prov Name: UPSCALE RESIDENTIAL CARE INC | | | | | | Num: 8301030 | | | | | |
|---|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 6 | 4 | \$69,190.00 | \$732.00 | \$69,922.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q05 | Does the service note reflect purpose of contact, | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: VISIONS OF NORTH CAROLINA | | | | | Num: 8300988 | | | | | | |
|--------------------------------------|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 25 | 15 | 0 | 25/40 | 62.50% | 0 | 3 | 12 | \$34,077.00 | \$4,084.00 | \$38,161.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| Prov Name: WE ARE ALL CONNECTED INC | | | | | | Num: 8301680 | | | | | |
|-------------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 2 | 7 | \$6,035.00 | \$2,073.00 | \$8,108.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 4 | 2 | 4 | 10 | 66.67% | 33.33% | 40.00% |
| Q02 | Is the service plan current with the date of | | | | 4 | 2 | 4 | 10 | 66.67% | 33.33% | 40.00% |
| Q03 | Does the service plan identify the type of service | | | | 5 | 1 | 4 | 10 | 83.33% | 16.67% | 40.00% |
| Q04 | Is the documentation signed by the person who | | | | 8 | 1 | 1 | 10 | 88.89% | 11.11% | 10.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 5 | 1 | 4 | 10 | 83.33% | 16.67% | 40.00% |
| Q06 | Does the service note relate to the individual's | | | | 5 | 1 | 4 | 10 | 83.33% | 16.67% | 40.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 0 | 3 | 10 | 100.00% | 0.00% | 30.00% |
| Q08 | Are the service notes and service plan | | | | 6 | 0 | 4 | 10 | 100.00% | 0.00% | 40.00% |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|--------|
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 8 | 1 | 1 | 10 | 88.89% | 11.11% | 10.00% |
| Q11.b | If "a" is NOT MET, was a request for | 8 | 1 | 1 | 10 | 88.89% | 11.11% | 10.00% |

| Prov Name: WORD OF LIFE OUTREACH INC | | | | | Num: 8301346 | | | | | | |
|--------------------------------------|--|--|---------------|--------------|--------------|---------------|--------------|----------------|--------------|----------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,414.00 | \$3,414.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 0 | 2 | 10 | 100.00% | 0.00% | 20.00% |
| Q02 | Is the service plan current with the date of | | | | 8 | 0 | 2 | 10 | 100.00% | 0.00% | 20.00% |
| Q03 | Does the service plan identify the type of service | | | | 8 | 0 | 2 | 10 | 100.00% | 0.00% | 20.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 5 | 3 | 2 | 10 | 62.50% | 37.50% | 20.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 6 | 3 | 1 | 10 | 66.67% | 33.33% | 10.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 8 | 0 | 2 | 10 | 100.00% | 0.00% | 20.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 8 | 0 | 2 | 10 | 100.00% | 0.00% | 20.00% |

| Prov Name: YELVERTONS ENRICHMENT SERVICES I | | | | | | Num: 8301452 | | | | | |
|---|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 7 | 33 | 0 | 7/40 | 17.50% | 0 | 3 | 30 | \$13,442.00 | \$9,917.00 | \$23,359.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 26 | 3 | 11 | 40 | 89.66% | 10.34% | 27.50% |
| Q02 | Is the service plan current with the date of | | | | 27 | 2 | 11 | 40 | 93.10% | 6.90% | 27.50% |
| Q03 | Does the service plan identify the type of service | | | | 27 | 2 | 11 | 40 | 93.10% | 6.90% | 27.50% |
| Q04 | Is the documentation signed by the person who | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 21 | 10 | 9 | 40 | 67.74% | 32.26% | 22.50% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 13 | 27 | 0 | 40 | 32.50% | 67.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 27 | 8 | 5 | 40 | 77.14% | 22.86% | 12.50% |
| Q09 | Do the units billed match the duration of service? | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 11 | 29 | 0 | 40 | 27.50% | 72.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 22 | 0 | 18 | 40 | 100.00% | 0.00% | 45.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 22 | 0 | 18 | 40 | 100.00% | 0.00% | 45.00% |

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|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| ---Site: Lumberton | | | | | | | | | | | |
| -----Parent Name: n/a | | | | | | Num: n/a | | | | | |
| -----Prov Name: ALTERNATIVE CARE TREATMENT SYSTE | | | | | | Num: 8301601 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 4 | 6 | 0 | 4/10 | 40.00% | 0 | 3 | 3 | \$108,509.00 | \$1,158.00 | \$109,667.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: ARC SERVICES INC | | | | | | Num: 8301175 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 3 | 7 | 0 | 3/10 | 30.00% | 0 | 1 | 6 | \$14,021.00 | \$1,814.00 | \$15,835.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 2 | 7 | 1 | 10 | 22.22% | 77.78% | 10.00% |
| Q08 | Are the service notes and service plan | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: ASSOCIATE BEHAVIORAL SRVCS INC | | | | | | Num: 8300249 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |

| Compliance Data | | | | | | Payback Data | | | | | |
|-----------------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 2 | 8 | \$54,590.00 | \$3,139.00 | \$57,729.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.b | If “a” is NOT MET, was a request for | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |

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|-----------------|---------------------|-------|--|
| -----Prov Name: | Carolina Choice LLC | Num: | 8301024 |
| -----Survey ID: | 2007-001 | Name: | Medicaid Services: Audit of Community Support Services |

| Compliance Data | | | | | | Payback Data | | | | | |
|-----------------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 2 | 8 | \$6,462.00 | \$2,423.00 | \$8,885.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 2 | 7 | 1 | 10 | 22.22% | 77.78% | 10.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If “a” is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | |
|-----------------|------------|-------|--|
| -----Prov Name: | CNC ACCESS | Num: | 8300539 |
| -----Survey ID: | 2007-001 | Name: | Medicaid Services: Audit of Community Support Services |

| Compliance Data | | | | | | Payback Data | | | | | |
|-----------------|-------------------|-----------------------|------------------|--------------|--------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,048.00 | \$3,048.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-------|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

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|-------------------------------------|------------------|------------------|------------------|--|---------------|------------------|-----------------|-------------------|---------------------|-------------------|-------------------------|
| -----Prov Name: COMPANION HOME CARE | | | | | | Num: 8300603 | | | | | |
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Compl. Ratio</u> | <u>Cpl. %</u> | <u>Self-Asmt</u> | <u>DMA Asmt</u> | <u>Event Only</u> | <u>DMA Asmt Amt</u> | <u>Event Only</u> | <u>Total Recpmt Amt</u> |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 17 | 23 | \$233,501.00 | \$8,352.00 | \$241,853.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-------|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 19 | 13 | 8 | 40 | 59.38% | 40.63% | 20.00% |
| Q02 | Is the service plan current with the date of | 26 | 6 | 8 | 40 | 81.25% | 18.75% | 20.00% |
| Q03 | Does the service plan identify the type of service | 26 | 6 | 8 | 40 | 81.25% | 18.75% | 20.00% |
| Q04 | Is the documentation signed by the person who | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 21 | 12 | 7 | 40 | 63.64% | 36.36% | 17.50% |
| Q07 | for CS Adult: Does the service note reflect one- | 3 | 37 | 0 | 40 | 7.50% | 92.50% | 0.00% |
| Q08 | Are the service notes and service plan | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 3 | 37 | 0 | 40 | 7.50% | 92.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 6 | 25 | 9 | 40 | 19.35% | 80.65% | 22.50% |
| Q11.b | If "a" is NOT MET, was a request for | 26 | 5 | 9 | 40 | 83.87% | 16.13% | 22.50% |

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|--|------------------|------------------|------------------|--|---------------|------------------|-----------------|-------------------|---------------------|-------------------|-------------------------|
| -----Prov Name: CONCORDIA SUPPORT SERVICES LLC | | | | | | Num: 8300606 | | | | | |
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Compl. Ratio</u> | <u>Cpl. %</u> | <u>Self-Asmt</u> | <u>DMA Asmt</u> | <u>Event Only</u> | <u>DMA Asmt Amt</u> | <u>Event Only</u> | <u>Total Recpmt Amt</u> |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 2 | 8 | 0 | 2/10 | 20.00% | 0 | 0 | 8 | \$0.00 | \$2,957.00 | \$2,957.00 |

| Q | Q Text | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
|-----|--|------------|------------|-----------|-------|----------|--------------|---------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q04 | Is the documentation signed by the person who | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q08 | Are the service notes and service plan | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: CONTINUING CARE LLP | | | | | | Num: 8301544 | | | | | |
|--------------------------------|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$4,877.00 | \$4,877.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |

| Prov Name: COORDINATED HEALTH SERVICES INC | | | | | | Num: 8300382 | | | | | |
|--|--|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 6 | 4 | 0 | 6/10 | 60.00% | 0 | 0 | 4 | \$0.00 | \$1,326.00 | \$1,326.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |

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|-------|--|----|---|---|----|---------|--------|-------|
| Q08 | Are the service notes and service plan | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: DIVINE KONCEPTS INC | | | | | | Num: 8300948 | | | | | |
|--------------------------------|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,658.00 | \$3,658.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: ELDO INC | | | | | | Num: 8301089 | | | | | |
|--------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 1 | 9 | \$6,706.00 | \$3,200.00 | \$9,906.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

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|-----------------|--|----------------------------------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|-------|
| Q11.b | If "a" is NOT MET, was a request for | | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: | | FAMILY ALTERNATIVES INC | | | | | | | Num: 8300307 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | |
| 10 | 2 | 8 | 0 | 2/10 | 20.00% | 0 | 0 | 8 | \$0.00 | \$2,774.00 | \$2,774.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% | |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| -----Prov Name: | | Great Expectations | | | | | | | Num: 8300907 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 27 | 13 | \$388,549.00 | \$4,389.00 | \$392,938.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 22 | 16 | 2 | 40 | 57.89% | 42.11% | 5.00% | |
| Q02 | Is the service plan current with the date of | | | | 33 | 5 | 2 | 40 | 86.84% | 13.16% | 5.00% | |
| Q03 | Does the service plan identify the type of service | | | | 35 | 3 | 2 | 40 | 92.11% | 7.89% | 5.00% | |
| Q04 | Is the documentation signed by the person who | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 23 | 17 | 0 | 40 | 57.50% | 42.50% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 31 | 7 | 2 | 40 | 81.58% | 18.42% | 5.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% | |
| Q08 | Are the service notes and service plan | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 28 | 3 | 40 | 24.32% | 75.68% | 7.50% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 18 | 19 | 3 | 40 | 48.65% | 51.35% | 7.50% | |
| -----Prov Name: | | HEALTH CARE CONNECTION OF THE CA | | | | | | | Num: 8300880 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 6 | 34 | \$20,483.00 | \$11,308.00 | \$31,791.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 11 | 29 | 0 | 40 | 27.50% | 72.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 32 | 6 | 2 | 40 | 84.21% | 15.79% | 5.00% |

| Prov Name: HEALTH CARE CONNECTIONS OF THE | | | | | | Num: 8300235 | | | | | |
|---|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 2 | 38 | 0 | 2/40 | 5.00% | 0 | 7 | 31 | \$62,850.00 | \$11,781.00 | \$74,631.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 14 | 26 | 0 | 40 | 35.00% | 65.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 14 | 26 | 0 | 40 | 35.00% | 65.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 4 | 36 | 0 | 40 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 18 | 20 | 2 | 40 | 47.37% | 52.63% | 5.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 35 | 0 | 5 | 40 | 100.00% | 0.00% | 12.50% |

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|--|-----------|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| -----Prov Name: HEALTH CARE CONNECTIONS OF THE | | | | | | Num: 8300238 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 21 | 19 | \$767,785.00 | \$6,873.00 | \$774,658.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|----|----|---|----|--------|--------|-------|
| Q01 | Is there a valid service order for the service | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 4 | 36 | 0 | 40 | 10.00% | 90.00% | 0.00% |
| Q08 | Are the service notes and service plan | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 4 | 36 | 0 | 40 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |

| Prov Name: ICAN AND ASSOCIATES INC | | | | | | Num: 8301424 | | | | | |
|------------------------------------|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 3 | 7 | 0 | 3/10 | 30.00% | 0 | 0 | 7 | \$0.00 | \$3,048.00 | \$3,048.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 3 | 0 | 7 | 10 | 100.00% | 0.00% | 70.00% |
| Q02 | Is the service plan current with the date of | | | | 3 | 0 | 7 | 10 | 100.00% | 0.00% | 70.00% |
| Q03 | Does the service plan identify the type of service | | | | 3 | 0 | 7 | 10 | 100.00% | 0.00% | 70.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 3 | 0 | 7 | 10 | 100.00% | 0.00% | 70.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 4 | 5 | 1 | 10 | 44.44% | 55.56% | 10.00% |
| Q11.a | Was an authorization in place covering this date | | | | 4 | 0 | 6 | 10 | 100.00% | 0.00% | 60.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 4 | 0 | 6 | 10 | 100.00% | 0.00% | 60.00% |

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|--|--|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| -----Prov Name: JOHNSON CENTER HOMES INC | | | | | | Num: 8300663 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 2 | 38 | 0 | 2/40 | 5.00% | 0 | 12 | 26 | \$242,133.00 | \$11,125.00 | \$253,258.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|--------|--------|-------|
| Q05 | Does the service note reflect purpose of contact, | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% |
| Q08 | Are the service notes and service plan | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |

| -----Prov Name: K CELESTE KIMBROUGH | | | | | | Num: 8301495 | | | | | |
|-------------------------------------|--|--|-----------|--------------|------------|--------------|-----------|------------|--------------|--------------|------------------|
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 4 | 36 | 0 | 4/40 | 10.00% | 0 | 10 | 22 | \$25,372.00 | \$7,224.00 | \$32,596.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 31 | 8 | 1 | 40 | 79.49% | 20.51% | 2.50% |
| Q02 | Is the service plan current with the date of | | | | 38 | 1 | 1 | 40 | 97.44% | 2.56% | 2.50% |
| Q03 | Does the service plan identify the type of service | | | | 38 | 1 | 1 | 40 | 97.44% | 2.56% | 2.50% |
| Q04 | Is the documentation signed by the person who | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 15 | 25 | 0 | 40 | 37.50% | 62.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 5 | 35 | 0 | 40 | 12.50% | 87.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 33 | 6 | 1 | 40 | 84.62% | 15.38% | 2.50% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 30 | 6 | 4 | 40 | 83.33% | 16.67% | 10.00% |

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|---------------------------|--|--|-----------|--------------|------------|--------------|-----------|------------|--------------|--------------|------------------|
| Prov Name: LIFE SOLUTIONS | | | | | | Num: 8300827 | | | | | |
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 2 | 8 | 0 | 2/10 | 20.00% | 0 | 2 | 6 | \$46,589.00 | \$2,362.00 | \$48,951.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |

| | | | | | | | | |
|-------|--|---|---|---|----|--------|--------|-------|
| Q09 | Do the units billed match the duration of service? | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |

| Prov Name: MAGBY ASSOCIATES INC | | | | | | Num: 8301377 | | | | | |
|---------------------------------|--|--|---------------|--------------|------------|---------------|--------------|----------------|--------------|----------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 10 | 30 | \$35,875.00 | \$10,272.00 | \$46,147.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| Prov Name: MAKIN CHOICES INC | | | | | | Num: 8301222 | | | | | |
|------------------------------|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 4 | 6 | \$75,895.00 | \$1,615.00 | \$77,510.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 4 | 4 | 2 | 10 | 50.00% | 50.00% | 20.00% |
| Q02 | Is the service plan current with the date of | | | | 4 | 4 | 2 | 10 | 50.00% | 50.00% | 20.00% |
| Q03 | Does the service plan identify the type of service | | | | 7 | 1 | 2 | 10 | 87.50% | 12.50% | 20.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 7 | 1 | 2 | 10 | 87.50% | 12.50% | 20.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

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|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Prov Name: NATIONAL MENTOR HEALTHCARE LLC | | | | | | Num: 8300302 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 8 | 32 | 0 | 8/40 | 20.00% | 0 | 0 | 32 | \$0.00 | \$10,119.00 | \$10,119.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 34 | 0 | 6 | 40 | 100.00% | 0.00% | 15.00% |
| Q02 | Is the service plan current with the date of | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 8 | 29 | 3 | 40 | 21.62% | 78.38% | 7.50% |
| Q08 | Are the service notes and service plan | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 11 | 29 | 0 | 40 | 27.50% | 72.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 36 | 0 | 4 | 40 | 100.00% | 0.00% | 10.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 31 | 0 | 9 | 40 | 100.00% | 0.00% | 22.50% |
| -----Prov Name: NEW LIFE SERVICES INC | | | | | | Num: 8300185 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 9 | 31 | \$88,941.00 | \$10,546.00 | \$99,487.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 21 | 19 | 0 | 40 | 52.50% | 47.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| -----Prov Name: OUTREACH HOME HEALTH SERVICES | | | | | | Num: 8301026 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 40 | 0 | \$277,188.00 | \$0.00 | \$277,188.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 21 | 19 | 0 | 40 | 52.50% | 47.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 21 | 19 | 0 | 40 | 52.50% | 47.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |

| -----Prov Name: POWER UP YOUTH SERVICES | | | | Num: 8301512 | | | | | | | |
|---|--|-----------------------|------------------|--|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 31 | 9 | \$509,418.00 | \$3,170.00 | \$512,588.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 7 | 31 | 2 | 40 | 18.42% | 81.58% | 5.00% |
| Q02 | Is the service plan current with the date of | | | | 25 | 13 | 2 | 40 | 65.79% | 34.21% | 5.00% |
| Q03 | Does the service plan identify the type of service | | | | 25 | 13 | 2 | 40 | 65.79% | 34.21% | 5.00% |
| Q04 | Is the documentation signed by the person who | | | | 17 | 23 | 0 | 40 | 42.50% | 57.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 16 | 24 | 0 | 40 | 40.00% | 60.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 36 | 3 | 40 | 2.70% | 97.30% | 7.50% |
| Q08 | Are the service notes and service plan | | | | 17 | 23 | 0 | 40 | 42.50% | 57.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 6 | 34 | 0 | 40 | 15.00% | 85.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 3 | 37 | 0 | 40 | 7.50% | 92.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 21 | 17 | 2 | 40 | 55.26% | 44.74% | 5.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 23 | 15 | 2 | 40 | 60.53% | 39.47% | 5.00% |

| -----Prov Name: PREFERRED ALTERNATIVES INC | | | | Num: 8300511 | | | | | | | |
|--|-------------------|-----------------------|------------------|--|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 5 | 5 | \$21,153.00 | \$1,341.00 | \$22,494.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q08 | Are the service notes and service plan | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: PREMIER BEHAVIORAL SERVICES INC | | | | | | Num: 8300573 | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 26 | 14 | \$152,260.00 | \$4,298.00 | \$156,558.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 12 | 19 | 9 | 40 | 38.71% | 61.29% | 22.50% |
| Q02 | Is the service plan current with the date of | | | | 12 | 19 | 9 | 40 | 38.71% | 61.29% | 22.50% |
| Q03 | Does the service plan identify the type of service | | | | 13 | 18 | 9 | 40 | 41.94% | 58.06% | 22.50% |
| Q04 | Is the documentation signed by the person who | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 7 | 25 | 8 | 40 | 21.88% | 78.13% | 20.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 25 | 13 | 2 | 40 | 65.79% | 34.21% | 5.00% |
| Q09 | Do the units billed match the duration of service? | | | | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 5 | 35 | 0 | 40 | 12.50% | 87.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 7 | 27 | 6 | 40 | 20.59% | 79.41% | 15.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 19 | 15 | 6 | 40 | 55.88% | 44.12% | 15.00% |

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|-----------------|--|---------------------------|-----------|--------------|------------|--|-----------|--------------|--------------|--------------|------------------|
| -----Prov Name: | | PRIMARY HEALTH CHOICE INC | | | | | | Num: 8300600 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 2 | 8 | 0 | 2/10 | 20.00% | 0 | 0 | 8 | \$0.00 | \$2,896.00 | \$2,896.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q05 | Does the service note reflect purpose of contact, | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q08 | Are the service notes and service plan | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: PRIMARY HEALTH CHOICE INC | | | | | Num: 8300601 | | | | | | |
|---|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 2 | 7 | \$103,358.00 | \$2,469.00 | \$105,827.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | |
|----------------------|--|--|-----------|--------------|------------|--------------|-----------|------------|--------------|--------------|------------------|
| Prov Name: RALM, INC | | | | | | Num: 8300752 | | | | | |
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 20 | 19 | \$318,039.00 | \$7,132.00 | \$325,171.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 21 | 19 | 0 | 40 | 52.50% | 47.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 4 | 32 | 4 | 40 | 11.11% | 88.89% | 10.00% |
| Q08 | Are the service notes and service plan | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|--------|--------|-------|
| Q09 | Do the units billed match the duration of service? | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |

| Prov Name: SOPHIA B PIERCE AND ASSOC INC | | | | | Num: 8301248 | | | | | | |
|--|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|----------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 34 | 6 | \$1,069,290.00 | \$2,134.00 | \$1,071,424.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 32 | 6 | 2 | 40 | 84.21% | 15.79% | 5.00% |
| Q02 | Is the service plan current with the date of | | | | 36 | 2 | 2 | 40 | 94.74% | 5.26% | 5.00% |
| Q03 | Does the service plan identify the type of service | | | | 36 | 2 | 2 | 40 | 94.74% | 5.26% | 5.00% |
| Q04 | Is the documentation signed by the person who | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 5 | 33 | 2 | 40 | 13.16% | 86.84% | 5.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 5 | 35 | 0 | 40 | 12.50% | 87.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 4 | 34 | 2 | 40 | 10.53% | 89.47% | 5.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 6 | 32 | 2 | 40 | 15.79% | 84.21% | 5.00% |

| Prov Name: Southeastern Behavioral Hlthcare | | | | | | Num: 8300842 | | | | | |
|---|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 26 | 13 | \$555,905.00 | \$4,816.00 | \$560,721.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 2 | 37 | 1 | 40 | 5.13% | 94.87% | 2.50% |
| Q08 | Are the service notes and service plan | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |

| | | | | | | | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Prov Name: STEPHENS OUTREACH CENTER INC | | | | | | Num: 8301487 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 8 | 32 | \$110,431.00 | \$12,771.00 | \$123,202.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 31 | 5 | 4 | 40 | 86.11% | 13.89% | 10.00% |
| Q02 | Is the service plan current with the date of | | | | 31 | 5 | 4 | 40 | 86.11% | 13.89% | 10.00% |
| Q03 | Does the service plan identify the type of service | | | | 31 | 5 | 4 | 40 | 86.11% | 13.89% | 10.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 26 | 10 | 4 | 40 | 72.22% | 27.78% | 10.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 38 | 1 | 40 | 2.56% | 97.44% | 2.50% |
| Q08 | Are the service notes and service plan | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 31 | 6 | 3 | 40 | 83.78% | 16.22% | 7.50% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 34 | 3 | 3 | 40 | 91.89% | 8.11% | 7.50% |
| -----Prov Name: SUNSHINE CENTER, INC. | | | | | | Num: 8301159 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 10 | 30 | \$142,860.00 | \$12,832.00 | \$155,692.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 24 | 8 | 8 | 40 | 75.00% | 25.00% | 20.00% |
| Q02 | Is the service plan current with the date of | | | | 26 | 6 | 8 | 40 | 81.25% | 18.75% | 20.00% |
| Q03 | Does the service plan identify the type of service | | | | 28 | 4 | 8 | 40 | 87.50% | 12.50% | 20.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 31 | 0 | 40 | 22.50% | 77.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 26 | 13 | 1 | 40 | 66.67% | 33.33% | 2.50% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 30 | 4 | 6 | 40 | 88.24% | 11.76% | 15.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 27 | 4 | 9 | 40 | 87.10% | 12.90% | 22.50% |
| -----Prov Name: SUPERIOR HEALTHCARE SERVICES INC | | | | | | Num: 8301542 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,261.00 | \$3,261.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: TOWERGATE INC YOUTH AND FMLY SVC | | | | | | Num: 8301045 | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 23 | 17 | \$508,799.00 | \$5,822.00 | \$514,621.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 22 | 16 | 2 | 40 | 57.89% | 42.11% | 5.00% |
| Q02 | Is the service plan current with the date of | | | | 31 | 7 | 2 | 40 | 81.58% | 18.42% | 5.00% |
| Q03 | Does the service plan identify the type of service | | | | 32 | 6 | 2 | 40 | 84.21% | 15.79% | 5.00% |
| Q04 | Is the documentation signed by the person who | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 30 | 8 | 2 | 40 | 78.95% | 21.05% | 5.00% |
| Q06 | Does the service note relate to the individual's | | | | 35 | 3 | 2 | 40 | 92.11% | 7.89% | 5.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 5 | 35 | 0 | 40 | 12.50% | 87.50% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 36 | 2 | 2 | 40 | 94.74% | 5.26% | 5.00% |
| Q09 | Do the units billed match the duration of service? | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 33 | 5 | 2 | 40 | 86.84% | 13.16% | 5.00% |

| -----Prov Name: W B HEALTH CARE | | | | | | Num: 8300702 | | | | | |
|---------------------------------|-------------------|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,658.00 | \$3,658.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q01 | Is there a valid service order for the service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: WHITE ALTERNATIVE SERVICES INC | | | | | Num: 8301165 | | | | | | |
|---|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 9 | 1 | \$132,923.00 | \$305.00 | \$133,228.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 0 | 9 | 1 | 10 | 0.00% | 100.00% | 10.00% |
| Q02 | Is the service plan current with the date of | | | | 2 | 7 | 1 | 10 | 22.22% | 77.78% | 10.00% |
| Q03 | Does the service plan identify the type of service | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |
| Q04 | Is the documentation signed by the person who | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 1 | 1 | 10 | 88.89% | 11.11% | 10.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 2 | 7 | 1 | 10 | 22.22% | 77.78% | 10.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 2 | 7 | 1 | 10 | 22.22% | 77.78% | 10.00% |

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|------------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Prov Name: YOUR NEW BEGINNING | | | | | | Num: 8301267 | | | | | |
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 9 | 1 | \$155,324.00 | \$305.00 | \$155,629.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 0 | 9 | 1 | 10 | 0.00% | 100.00% | 10.00% |
| Q02 | Is the service plan current with the date of | | | | 1 | 8 | 1 | 10 | 11.11% | 88.89% | 10.00% |
| Q03 | Does the service plan identify the type of service | | | | 3 | 6 | 1 | 10 | 33.33% | 66.67% | 10.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | |
|-------|--|---|----|---|----|--------|---------|--------|
| Q05 | Does the service note reflect purpose of contact, | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 2 | 7 | 1 | 10 | 22.22% | 77.78% | 10.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 4 | 5 | 1 | 10 | 44.44% | 55.56% | 10.00% |
| Q11.b | If "a" is NOT MET, was a request for | 5 | 4 | 1 | 10 | 55.56% | 44.44% | 10.00% |

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|--|--|--|--|--|--|--|--|--|
| ---Site: Winston-Salem | | | | | | | | |
| -----Parent Name: n/a | | Num: n/a | | | | | | |
| -----Prov Name: A TOUCH FROM THE HEART | | Num: 8301180 | | | | | | |
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | |

| Compliance Data | | | | | | Payback Data | | | | | |
|-----------------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 32 | 8 | \$107,995.00 | \$3,291.00 | \$111,286.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 32 | 0 | 40 | 20.00% | 80.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 30 | 0 | 40 | 25.00% | 75.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 30 | 0 | 40 | 25.00% | 75.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 4 | 36 | 0 | 40 | 10.00% | 90.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 8 | 32 | 0 | 40 | 20.00% | 80.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

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|--|--|--|--|--|--|--|--|--|
| -----Prov Name: ALPHA OMEGA HEALTH INC | | Num: 8300405 | | | | | | |
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | |

| Compliance Data | | | | | | Payback Data | | | | | |
|-----------------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 10 | 0 | \$58,781.00 | \$0.00 | \$58,781.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |

| | | | | | | | | |
|-------|--|---|---|---|----|--------|--------|-------|
| Q08 | Are the service notes and service plan | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |

| Prov Name: | | | | Care Focus | | | | Num: | | | | 8301069 | | | |
|-----------------|--|-----------|-----------|--------------|------------|--------------|-----------|------------|--------------|--------------|------------------|--|--|--|--|
| Survey ID: | | | | 2007-001 | | | | Name: | | | | Medicaid Services: Audit of Community Support Services | | | |
| Compliance Data | | | | | | Payback Data | | | | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | | | | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | | | | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 1 | 9 | \$50,450.00 | \$2,926.00 | \$53,376.00 | | | | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | | | | |
| Q01 | Is there a valid service order for the service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | | | | |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | | | | |
| Q03 | Does the service plan identify the type of service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | | | | |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | | |
| Q05 | Does the service note reflect purpose of contact, | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% | | | | |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% | | | | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% | | | | |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | | |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | | |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% | | | | |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | | | | |

| Prov Name: CARING HANDS HOME HLTH INC | | | | | | Num: 8300212 | | | | | |
|---------------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 4 | 36 | 0 | 4/40 | 10.00% | 0 | 17 | 19 | \$67,528.00 | \$6,645.00 | \$74,173.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 4 | 25 | 11 | 40 | 13.79% | 86.21% | 27.50% |
| Q08 | Are the service notes and service plan | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 5 | 35 | 0 | 40 | 12.50% | 87.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 19 | 21 | 0 | 40 | 47.50% | 52.50% | 0.00% |

| | | | | | | | | | | | | |
|-----------------|--|----------------------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|-------|
| Q11.b | If "a" is NOT MET, was a request for | | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| -----Prov Name: | | CENTER FOR BEHAV AND SOC CHANGE | | | | | | | Num: 8300938 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt | |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 18 | 21 | \$110,608.00 | \$5,456.00 | \$116,064.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% | |
| Q02 | Is the service plan current with the date of | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% | |
| Q03 | Does the service plan identify the type of service | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% | |
| Q04 | Is the documentation signed by the person who | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 18 | 22 | 0 | 40 | 45.00% | 55.00% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 10 | 30 | 0 | 40 | 25.00% | 75.00% | 0.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 3 | 34 | 3 | 40 | 8.11% | 91.89% | 7.50% | |
| Q08 | Are the service notes and service plan | | | | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 5 | 35 | 0 | 40 | 12.50% | 87.50% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 36 | 4 | 0 | 40 | 90.00% | 10.00% | 0.00% | |
| -----Prov Name: | | COMMITTED EXCELLENCE SVCS INC | | | | | | | Num: 8301086 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt | |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 0 | 9 | \$0.00 | \$2,499.00 | \$2,499.00 | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% | |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% | |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% | |
| -----Prov Name: | | DREAM MAKERS ASSISTED LIVING SER | | | | | | | Num: 8301025 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 0 | 9 | \$0.00 | \$2,804.00 | \$2,804.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: Embrenche | | | | Num: 8300216 | | | | | | | |
|---------------------------|--|-----------------------|------------------|--|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 2 | 8 | \$89,002.00 | \$2,682.00 | \$91,684.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |

| -----Prov Name: G AND D QUALITY CARE INC | | | | Num: 8300939 | | | | | | | |
|--|-------------------|-----------------------|------------------|--|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 0 | 40 | \$0.00 | \$11,738.00 | \$11,738.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|--------|-------|
| Q01 | Is there a valid service order for the service | 37 | 0 | 3 | 40 | 100.00% | 0.00% | 7.50% |
| Q02 | Is the service plan current with the date of | 37 | 0 | 3 | 40 | 100.00% | 0.00% | 7.50% |
| Q03 | Does the service plan identify the type of service | 37 | 0 | 3 | 40 | 100.00% | 0.00% | 7.50% |
| Q04 | Is the documentation signed by the person who | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q08 | Are the service notes and service plan | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 24 | 16 | 0 | 40 | 60.00% | 40.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 36 | 1 | 3 | 40 | 97.30% | 2.70% | 7.50% |
| Q11.b | If "a" is NOT MET, was a request for | 37 | 0 | 3 | 40 | 100.00% | 0.00% | 7.50% |

| Prov Name: G and D Residential Svcs LLC | | | | | | Num: 8300792 | | | | | |
|---|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|-------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmnt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 4 | 6 | \$138,623.00 | \$2,377.00 | \$141,000.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |

| | | | | | | | | | | | | | | | |
|-----------------|--|-----------|-----------|-----------------------|------------|--------------|-----------|--|----------|--------------|------------------|---------|--|--|--|
| -----Prov Name: | | | | HAMILTON SERVICES LLC | | | | Num: | | | | 8300614 | | | |
| -----Survey ID: | | | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt | Event Only | Total Recpmt Amt | | | | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | Amt | Amt | | | | | |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 0 | 40 | \$0.00 | \$12,009.00 | \$12,009.00 | | | | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | | | | |
| Q01 | Is there a valid service order for the service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | | |
| Q02 | Is the service plan current with the date of | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | | |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% | | | | |
| Q04 | Is the documentation signed by the person who | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% | | | | |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q05 | Does the service note reflect purpose of contact, | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q08 | Are the service notes and service plan | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| Prov Name: HOSANNA HOUSE OF TRANSITION INC | | | | | Num: 8301490 | | | | | | |
|--|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 14 | 26 | \$88,327.00 | \$7,986.00 | \$96,313.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 20 | 9 | 11 | 40 | 68.97% | 31.03% | 27.50% |
| Q02 | Is the service plan current with the date of | | | | 16 | 13 | 11 | 40 | 55.17% | 44.83% | 27.50% |
| Q03 | Does the service plan identify the type of service | | | | 21 | 8 | 11 | 40 | 72.41% | 27.59% | 27.50% |
| Q04 | Is the documentation signed by the person who | | | | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 18 | 22 | 0 | 40 | 45.00% | 55.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 22 | 9 | 40 | 29.03% | 70.97% | 22.50% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 3 | 33 | 4 | 40 | 8.33% | 91.67% | 10.00% |
| Q08 | Are the service notes and service plan | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 22 | 7 | 11 | 40 | 75.86% | 24.14% | 27.50% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 23 | 6 | 11 | 40 | 79.31% | 20.69% | 27.50% |

| Prov Name: ISLEYS HANDS ON CARE INC | | | | | | Num: 8300905 | | | | | |
|-------------------------------------|--|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 2 | 37 | \$38,649.00 | \$11,887.00 | \$50,536.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 37 | 2 | 1 | 40 | 94.87% | 5.13% | 2.50% |
| Q02 | Is the service plan current with the date of | | | | 38 | 1 | 1 | 40 | 97.44% | 2.56% | 2.50% |
| Q03 | Does the service plan identify the type of service | | | | 38 | 1 | 1 | 40 | 97.44% | 2.56% | 2.50% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 34 | 5 | 1 | 40 | 87.18% | 12.82% | 2.50% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 6 | 34 | 0 | 40 | 15.00% | 85.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 38 | 2 | 0 | 40 | 95.00% | 5.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|--------|-------|
| Q09 | Do the units billed match the duration of service? | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 3 | 37 | 0 | 40 | 7.50% | 92.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| Prov Name: LIFE ENHANCEMENT SERVICES LLC | | | | | | Num: 8301361 | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 1 | 9 | \$27,066.00 | \$2,682.00 | \$29,748.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 6 | 1 | 3 | 10 | 85.71% | 14.29% | 30.00% |
| Q02 | Is the service plan current with the date of | | | | 6 | 1 | 3 | 10 | 85.71% | 14.29% | 30.00% |
| Q03 | Does the service plan identify the type of service | | | | 8 | 0 | 2 | 10 | 100.00% | 0.00% | 20.00% |
| Q04 | Is the documentation signed by the person who | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 7 | 0 | 3 | 10 | 100.00% | 0.00% | 30.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 7 | 0 | 3 | 10 | 100.00% | 0.00% | 30.00% |

| Prov Name: MAKIN CHOICES INC | | | | | | Num: 8301560 | | | | | |
|------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,231.00 | \$3,231.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 0 | 2 | 10 | 100.00% | 0.00% | 20.00% |
| Q02 | Is the service plan current with the date of | | | | 8 | 0 | 2 | 10 | 100.00% | 0.00% | 20.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 9 | 1 | 10 | 0.00% | 100.00% | 10.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | |
|---|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Prov Name: My Sisters Place | | | | | | Num: 8300448 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 0 | 39 | \$0.00 | \$12,283.00 | \$12,283.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 33 | 7 | 0 | 40 | 82.50% | 17.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 3 | 36 | 1 | 40 | 7.69% | 92.31% | 2.50% |
| Q08 | Are the service notes and service plan | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 29 | 10 | 1 | 40 | 74.36% | 25.64% | 2.50% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 37 | 1 | 40 | 5.13% | 94.87% | 2.50% |
| Q11.a | Was an authorization in place covering this date | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: Nature's Reflections | | | | | | Num: 8300609 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 10 | 0 | 0 | 10/10 | 100.00% | 0 | 0 | 0 | \$0.00 | \$0.00 | \$0.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: NEW LITE LIVING CHOICES INC | | | | | | Num: 8300407 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 5 | 5 | \$133,944.00 | \$1,783.00 | \$135,727.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |

| -----Prov Name: NORTH INC | | | | Num: 8300480 | | | | | | | |
|---------------------------|--|-----------------------|------------------|--|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 25 | 15 | \$29,047.00 | \$4,999.00 | \$34,046.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 19 | 21 | 0 | 40 | 47.50% | 52.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 19 | 21 | 0 | 40 | 47.50% | 52.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 37 | 2 | 40 | 2.63% | 97.37% | 5.00% |
| Q08 | Are the service notes and service plan | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 4 | 36 | 0 | 40 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: PINNACLE HOMES DDA LLC | | | | Num: 8301617 | | | | | | | |
|--|-------------------|-----------------------|------------------|--|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 9 | 1 | \$82,403.00 | \$335.00 | \$82,738.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|---|----|---|----|--------|---------|-------|
| Q01 | Is there a valid service order for the service | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q02 | Is the service plan current with the date of | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |

| Prov Name: PINNACLE HOMES, DDA, LLC | | | | | Num: 8301629 | | | | | | |
|-------------------------------------|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|-------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmnt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 26 | 14 | \$60,076.00 | \$4,785.00 | \$64,861.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 19 | 21 | 0 | 40 | 47.50% | 52.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 19 | 21 | 0 | 40 | 47.50% | 52.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 19 | 21 | 0 | 40 | 47.50% | 52.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 30 | 0 | 40 | 25.00% | 75.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 39 | 1 | 0 | 40 | 97.50% | 2.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |

| | | | | | | | | | | | |
|-----------------|--|---------------|-----------|--------------|------------|--|-----------|--------------|--------------|--------------|-------------------|
| -----Prov Name: | | POSITIVE CARE | | | | | | Num: 8301566 | | | |
| -----Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmnt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 32 | 8 | \$391,241.00 | \$2,682.00 | \$393,923.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 21 | 19 | 0 | 40 | 52.50% | 47.50% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|--------|--------|-------|
| Q05 | Does the service note reflect purpose of contact, | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 18 | 22 | 0 | 40 | 45.00% | 55.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 4 | 36 | 0 | 40 | 10.00% | 90.00% | 0.00% |
| Q08 | Are the service notes and service plan | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 3 | 37 | 0 | 40 | 7.50% | 92.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 19 | 21 | 0 | 40 | 47.50% | 52.50% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |

| Prov Name: PQA Healthcare | | | | Num: 8300631 | | | | | | | |
|---------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 5 | 5 | \$28,179.00 | \$1,341.00 | \$29,520.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |

| Prov Name: PROFESSIONAL FAMILY CARE SVCS | | | | | | Num: 8300930 | | | | | |
|--|--|-----------|-----------|--------------|------------|--|-----------|------------|--------------|--------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,658.00 | \$3,658.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: SELECTIVE CHOICES FOR SVCS INC | | | | | | Num: 8300508 | | | | | |
|---|--|--|---------------|--------------|------------|---------------|--------------|----------------|--------------|----------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 21 | 19 | \$448,699.00 | \$5,959.00 | \$454,658.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 31 | 7 | 2 | 40 | 81.58% | 18.42% | 5.00% |
| Q02 | Is the service plan current with the date of | | | | 22 | 16 | 2 | 40 | 57.89% | 42.11% | 5.00% |
| Q03 | Does the service plan identify the type of service | | | | 26 | 12 | 2 | 40 | 68.42% | 31.58% | 5.00% |
| Q04 | Is the documentation signed by the person who | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 25 | 13 | 2 | 40 | 65.79% | 34.21% | 5.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 39 | 1 | 40 | 0.00% | 100.00% | 2.50% |
| Q08 | Are the service notes and service plan | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 29 | 11 | 0 | 40 | 72.50% | 27.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 39 | 1 | 40 | 0.00% | 100.00% | 2.50% |
| Q11.a | Was an authorization in place covering this date | | | | 29 | 8 | 3 | 40 | 78.38% | 21.62% | 7.50% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 30 | 7 | 3 | 40 | 81.08% | 18.92% | 7.50% |

| Prov Name: SRFC, INC | | | | | | Num: 8301117 | | | | | |
|----------------------|--|--|---------------|--------------|------------|---------------|--------------|----------------|--------------|----------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 4 | 6 | 0 | 4/10 | 40.00% | 0 | 1 | 5 | \$12,314.00 | \$1,433.00 | \$13,747.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Prov Name: SYLVANGLADE HOMES INC | | | | | | Num: 8301399 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 10 | 0 | \$85,283.00 | \$0.00 | \$85,283.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| -----Prov Name: THE BAKERS HOUSE | | | | | | Num: 8301455 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 34 | 6 | \$128,504.00 | \$2,316.00 | \$130,820.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 30 | 0 | 40 | 25.00% | 75.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 30 | 0 | 40 | 25.00% | 75.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 7 | 33 | 0 | 40 | 17.50% | 82.50% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 17 | 23 | 0 | 40 | 42.50% | 57.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 8 | 32 | 0 | 40 | 20.00% | 80.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 8 | 32 | 0 | 40 | 20.00% | 80.00% | 0.00% |
| -----Prov Name: THE RIGHT CHOICE MWM INC | | | | | | Num: 8301285 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |

| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
|-----------|--|-----------------------|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| 40 | 1 | 39 | 0 | 1/40 | 2.50% | 0 | 8 | 31 | \$118,643.00 | \$10,836.00 | \$129,479.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 35 | 3 | 2 | 40 | 92.11% | 7.89% | 5.00% |
| Q02 | Is the service plan current with the date of | | | | 33 | 5 | 2 | 40 | 86.84% | 13.16% | 5.00% |
| Q03 | Does the service plan identify the type of service | | | | 33 | 5 | 2 | 40 | 86.84% | 13.16% | 5.00% |
| Q04 | Is the documentation signed by the person who | | | | 27 | 13 | 0 | 40 | 67.50% | 32.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 25 | 14 | 1 | 40 | 64.10% | 35.90% | 2.50% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 3 | 34 | 3 | 40 | 8.11% | 91.89% | 7.50% |
| Q08 | Are the service notes and service plan | | | | 28 | 12 | 0 | 40 | 70.00% | 30.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 27 | 12 | 1 | 40 | 69.23% | 30.77% | 2.50% |
| Q10 | Does the documentation reflect treatment for the | | | | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 31 | 7 | 2 | 40 | 81.58% | 18.42% | 5.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 34 | 4 | 2 | 40 | 89.47% | 10.53% | 5.00% |

| Prov Name: THERAPEUTIC BEHAVIORAL SERVICES | | | | | | Num: 8301297 | | | | | |
|--|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 40 | 0 | \$277,703.00 | \$0.00 | \$277,703.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 18 | 22 | 0 | 40 | 45.00% | 55.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 16 | 24 | 0 | 40 | 40.00% | 60.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 21 | 19 | 0 | 40 | 52.50% | 47.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 20 | 20 | 0 | 40 | 50.00% | 50.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 1 | 36 | 3 | 40 | 2.70% | 97.30% | 7.50% |
| Q08 | Are the service notes and service plan | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 37 | 3 | 0 | 40 | 92.50% | 7.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 0 | 40 | 0 | 40 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | |
|----------------------------|------------------|--|------------------|---------------------|---------------|------------------|-----------------|-------------------|---------------------|-------------------|-------------------------|
| -----Prov Name: TONYA OMAR | | | | | | Num: 8301525 | | | | | |
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Event Cnt</u> | <u>Compl. Ratio</u> | <u>Cpl. %</u> | <u>Self-Asmt</u> | <u>DMA Asmt</u> | <u>Event Only</u> | <u>DMA Asmt Amt</u> | <u>Event Only</u> | <u>Total Recpmt Amt</u> |
| | <u>Cpl.</u> | <u>Non-Cpl.</u> | <u>N/A</u> | | | <u>Cnt</u> | <u>Cnt</u> | <u>Cnt</u> | | <u>Amt</u> | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,047.00 | \$3,047.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|--------|
| Q01 | Is there a valid service order for the service | 5 | 0 | 5 | 10 | 100.00% | 0.00% | 50.00% |
| Q02 | Is the service plan current with the date of | 5 | 0 | 5 | 10 | 100.00% | 0.00% | 50.00% |
| Q03 | Does the service plan identify the type of service | 5 | 0 | 5 | 10 | 100.00% | 0.00% | 50.00% |
| Q04 | Is the documentation signed by the person who | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | 3 | 6 | 1 | 10 | 33.33% | 66.67% | 10.00% |
| Q06 | Does the service note relate to the individual's | 2 | 3 | 5 | 10 | 40.00% | 60.00% | 50.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 1 | 4 | 5 | 10 | 20.00% | 80.00% | 50.00% |
| Q08 | Are the service notes and service plan | 6 | 0 | 4 | 10 | 100.00% | 0.00% | 40.00% |
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |
| Q11.b | If "a" is NOT MET, was a request for | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |

| Prov Name: TOP PRIORITY CARE SVCS LLC | | | | | | Num: 8300513 | | | | | |
|---------------------------------------|--|--|---------------|--------------|------------|---------------|--------------|----------------|--------------|----------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 0 | 9 | \$0.00 | \$3,353.00 | \$3,353.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 3 | 7 | 0 | 10 | 30.00% | 70.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | | | | | | | | |
|-----------------|--|-----------|-----------|------------------------|------------|--------------|-----------|------------|--------------|--------------|------------------|--|--|--|--|
| -----Prov Name: | | | | TRANSCENDING MINDS INC | | | | Num: | | | | 8301462 | | | |
| -----Survey ID: | | | | 2007-001 | | | | Name: | | | | Medicaid Services: Audit of Community Support Services | | | |
| Compliance Data | | | | | | Payback Data | | | | | | | | | |
| Event Cnt | Event Cnt | Event Cnt | Event Cnt | Compl. Ratio | Cpl. % | Self-Asmt | DMA Asmt | Event Only | DMA Asmt Amt | Event Only | Total Recpmt Amt | | | | |
| | Cpl. | Non-Cpl. | N/A | | | Cnt | Cnt | Cnt | | Amt | | | | | |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 6 | 4 | \$75,042.00 | \$1,036.00 | \$76,078.00 | | | | |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % | | | | |
| Q01 | Is there a valid service order for the service | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% | | | | |
| Q02 | Is the service plan current with the date of | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% | | | | |
| Q03 | Does the service plan identify the type of service | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% | | | | |
| Q04 | Is the documentation signed by the person who | | | | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% | | | | |

| | | | | | | | | |
|-------|--|----|----|---|----|---------|---------|-------|
| Q05 | Does the service note reflect purpose of contact, | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | 2 | 8 | 0 | 10 | 20.00% | 80.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| -----Prov Name: TRIAD COORDINATED SERVICES INC | | | | | Num: 8301263 | | | | | | |
|--|--|--|------------------|--------------|--------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| -----Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,749.00 | \$3,749.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 7 | 0 | 3 | 10 | 100.00% | 0.00% | 30.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 0 | 3 | 10 | 100.00% | 0.00% | 30.00% |
| Q03 | Does the service plan identify the type of service | | | | 7 | 0 | 3 | 10 | 100.00% | 0.00% | 30.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 6 | 1 | 3 | 10 | 85.71% | 14.29% | 30.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 7 | 3 | 10 | 0.00% | 100.00% | 30.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 9 | 0 | 10 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: UNIQUE ASSISTANCE LLC | | | | | | Num: 8301553 | | | | | |
|----------------------------------|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 0 | 10 | \$0.00 | \$3,353.00 | \$3,353.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| | | | | | | | | |
|-------|--|----|---|---|----|---------|--------|-------|
| Q09 | Do the units billed match the duration of service? | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | 6 | 4 | 0 | 10 | 60.00% | 40.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | 4 | 6 | 0 | 10 | 40.00% | 60.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |

| Prov Name: UNITED YOUTH CARE SERVICES INC | | | | | | Num: 8300941 | | | | | |
|---|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: | | 2007-001 | | Name: | | Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 30 | 10 | \$319,643.00 | \$3,475.00 | \$323,118.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 34 | 5 | 1 | 40 | 87.18% | 12.82% | 2.50% |
| Q02 | Is the service plan current with the date of | | | | 34 | 5 | 1 | 40 | 87.18% | 12.82% | 2.50% |
| Q03 | Does the service plan identify the type of service | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 30 | 10 | 0 | 40 | 75.00% | 25.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 22 | 18 | 0 | 40 | 55.00% | 45.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 21 | 18 | 1 | 40 | 53.85% | 46.15% | 2.50% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 2 | 38 | 0 | 40 | 5.00% | 95.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 26 | 14 | 0 | 40 | 65.00% | 35.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 25 | 15 | 0 | 40 | 62.50% | 37.50% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 1 | 39 | 0 | 40 | 2.50% | 97.50% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 5 | 34 | 1 | 40 | 12.82% | 87.18% | 2.50% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 9 | 30 | 1 | 40 | 23.08% | 76.92% | 2.50% |

| Prov Name: UNLIMITED OPPORTUNITES LLC | | | | | | Num: 8301372 | | | | | |
|---------------------------------------|--|--|------------------|--------------|------------|------------------|-----------------|-------------------|--------------|-------------------|------------------|
| Survey ID: 2007-001 | | Name: Medicaid Services: Audit of Community Support Services | | | | | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 0 | 10 | 0 | 0/10 | 0.00% | 0 | 3 | 7 | \$60,061.00 | \$1,951.00 | \$62,012.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 8 | 1 | 1 | 10 | 88.89% | 11.11% | 10.00% |
| Q02 | Is the service plan current with the date of | | | | 7 | 2 | 1 | 10 | 77.78% | 22.22% | 10.00% |
| Q03 | Does the service plan identify the type of service | | | | 9 | 0 | 1 | 10 | 100.00% | 0.00% | 10.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 8 | 2 | 0 | 10 | 80.00% | 20.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 10 | 0 | 10 | 0.00% | 100.00% | 0.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 5 | 5 | 0 | 10 | 50.00% | 50.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 9 | 1 | 0 | 10 | 90.00% | 10.00% | 0.00% |

| | | | | | | | | | | | |
|--|--|-----------------------|------------------|--------------|------------|--|-----------------|-------------------|--------------|-------------------|------------------|
| -----Prov Name: VICTOR AND ASSOCIATES INC | | | | | | Num: 8301169 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 10 | 1 | 9 | 0 | 1/10 | 10.00% | 0 | 0 | 9 | \$0.00 | \$3,699.00 | \$3,699.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 0 | 9 | 1 | 10 | 0.00% | 100.00% | 10.00% |
| Q08 | Are the service notes and service plan | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 7 | 3 | 0 | 10 | 70.00% | 30.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 10 | 0 | 0 | 10 | 100.00% | 0.00% | 0.00% |
| -----Prov Name: WESCARE PROFESSIONAL SERVICES LL | | | | | | Num: 8301541 | | | | | |
| -----Survey ID: 2007-001 | | | | | | Name: Medicaid Services: Audit of Community Support Services | | | | | |
| Compliance Data | | | | | | Payback Data | | | | | |
| Event Cnt | Event Cnt Cpl. | Event Cnt Non-Cpl. | Event Cnt N/A | Compl. Ratio | Cpl. % | Self-Asmt Cnt | DMA Asmt Cnt | Event Only Cnt | DMA Asmt Amt | Event Only Amt | Total Recpmt Amt |
| 40 | 0 | 40 | 0 | 0/40 | 0.00% | 0 | 9 | 31 | \$37,856.00 | \$7,010.00 | \$44,866.00 |
| Q | Q Text | | | | Q Cnt Cpl. | Q Cnt Non- | Q Cnt N/A | Q Cnt | Q Cpl. % | Q Non-Cpl. % | Q N/A % |
| Q01 | Is there a valid service order for the service | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q02 | Is the service plan current with the date of | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q03 | Does the service plan identify the type of service | | | | 31 | 9 | 0 | 40 | 77.50% | 22.50% | 0.00% |
| Q04 | Is the documentation signed by the person who | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q05 | Does the service note reflect purpose of contact, | | | | 32 | 8 | 0 | 40 | 80.00% | 20.00% | 0.00% |
| Q06 | Does the service note relate to the individual's | | | | 34 | 6 | 0 | 40 | 85.00% | 15.00% | 0.00% |
| Q07 | for CS Adult: Does the service note reflect one- | | | | 10 | 27 | 3 | 40 | 27.03% | 72.97% | 7.50% |
| Q08 | Are the service notes and service plan | | | | 35 | 5 | 0 | 40 | 87.50% | 12.50% | 0.00% |
| Q09 | Do the units billed match the duration of service? | | | | 6 | 34 | 0 | 40 | 15.00% | 85.00% | 0.00% |
| Q10 | Does the documentation reflect treatment for the | | | | 4 | 36 | 0 | 40 | 10.00% | 90.00% | 0.00% |
| Q11.a | Was an authorization in place covering this date | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |
| Q11.b | If "a" is NOT MET, was a request for | | | | 40 | 0 | 0 | 40 | 100.00% | 0.00% | 0.00% |

